

**APPLICATION FOR INTERNSHIP
RECREATION THERAPY SERVICE
ST. LOUIS VA HEALTHCARE SYSTEM
ST. LOUIS, MO 63125**

*Please submit your resume and transcript along with this application.
Send to Christina.Brown8@va.gov*

Full Name: _____

Date: _____

Address (Perm): _____

Phone: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Name of Person to be notified in an Emergency:

Relationship: _____

Contact Number(s): _____

Name, Email, Address, fax number and phone number of academic internship supervisor:

INTERNSHIP SEMESTER (proposed dates needed):

_____ Fall _____ Spring _____ Summer _____ Winter

Any questions/concerns should be directed to:

*Christina R Brown, CTRS, Recreation Therapy Supervisor
(314) 652-4100 x64802
Christina.Brown8@va.gov*